CUSTOMER MAINTENANCE FORM

Customer Name	Customer Number	
Requested By	Request Date	Add Change Delete

Profile Class	Customer Class	Type	Category
Public	Federal	Internal	Commercial
Government	Non-Federal	External	Consumer
Foreign			Federal
			Non-Federal

Bill To:		Ship To:	
Address:		Address:	
City:		City:	
State:	Country:	State:	Country:
Zip Code:	Telex/Fax	Zip Code:	Telex/Fax:
Contact:	Phone:	Contact:	Phone:

Additional Changes:

Entered By: Date:

Approved By: Date: